## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

CLAIMS AS FILED - PART I SMALL ENTITY OTHER THAN												THAN
_			(Column 1)		(Column 2)		1	TYPE		OR	SMALL	ENTITY
TOTAL CLAIMS			15					RATE	FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	355.00	OR	Basic Fee	710.00
то	TAL CHARGEA	BLE CLAIMS	/5 minus 20=		. 0			X\$ 9=		OR	X\$18=	
INC	EPENDENT CL	AIMS	3 minus 3 =		0			X40=		OR	X80=	
MULTIPLE DEPENDENT CLAIM PRESENT								+135=		OR	+270=	
* If the difference in column 1 is less than zero, enter "0						olumn 2	L	TOTAL		OR	TOTAL	210
CLAIMS AS AMENDED - PART II											OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL FEE
NDN	Total	. 21	Minus	2	<u>ට</u>	=		X\$ 9=		OR	X\$18=	13
AME	Independent	NTATION OF MI	Minus			= 2		X40=		OR	X80=	172
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135=		OR	+270=	
								TOTAL DDIT. FEE		OR	TOTAL ADDIT, FEE	Pd
(Column 1) (Column 2) (Column 3)												-
8		CLAIMS	;	HIGH	EST		1 г		ADDI-			ADDI-
<b>AMENDMENT</b>		REMAINING AFTER AMENDMENT		PREVIO PAID	DUSLY	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	•	Minus	**		=	11	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	] [	X40=		OR	X80≃	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT				CLAIM		┚┞			Un		
								+135= TOTAL		OR	+270=	
										OR	TOTAL ADDIT. FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT	•	HIGH NUM PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	••		= '	lΓ	X\$ 9=		OR	X\$18=	
	Independent	•	Minus	***		=	<b> </b>	X40=		OR	X80=	
ــا	FIRST PRESE	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								Vn		
. ,	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.									OR	+270=	
••	if the "Highest Nu	mber Previously Pa mber Previously Pa	aid For IN THIS	S SPACE i	s less that	n 20, enter "20.	AI	TOTAL DDIT. FEE		OR ,	TOTAL ODIT. FEE	
		mber Previously Pai					er foun	d in the app	ropriate box	in col	umn 1.	